



# KANSAS

## DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES



### Disability & Behavioral Health Services Community Supports & Services HCBS Autism Quality Review Instrument

|  |                    |   |                  |
|--|--------------------|---|------------------|
| Child's Last Name:                         | First Name:        | Date of Review:                               | Beneficiary ID#: |
| SRS Region:                                | Autism Specialist: | Waiver Services Utilized:                     |                  |
| Who was present at the review (name/role): | QA Staff Name:     | A QA Follow-up Form was completed? Yes or No: |                  |

**Instructions:** SRS staff will interview family members or guardians, whichever is most appropriate in the individual circumstance, when the review instrument calls for a “family interview”. During each review SRS staff will have seen the child in the home environment at a minimum, and observed HCBS service provision when at all possible. SRS staff will carry a card with the rating scale on it to provide the family or staff persons being interviewed.

**Rating Scale: 1 = Strongly Disagree / 2 = Disagree / 3 = Undecided / 4 = Agree / 5 = Strongly Agree / 6 = Not Applicable**

|   | Source           |    | Issue            | Standard  | Rating | Interpretive Guideline / SRS Staff Instructions  |
|---|------------------|----|------------------|---|--------|--|
| 1 | Family Interview | 1c | LOC              | The Level of Care (waiver eligibility determination process) was conducted in person with the family. |        | Ask the family “Was one of the parents/guardian present for the eligibility determination assessment?” SRS staff are to describe the eligibility determination process, when necessary, to ensure understanding by the family. |
| 2 | Family Interview | 2a | Support Planning | The service plan adequately addresses the child’s needs.  |        | Ask the family “Does the Individualized Behavioral Program / Plan of Care address your child’s needs?”   |
| 3 | Family Interview | 2b | Support Planning | Family members were involved in the development of the service plan.                                  |        | Ask the family “Were you involved in the development of the Individualized Behavioral Program / Plan of Care?”   |

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| 4  | Family Interview                                      | 2a       | Support Planning   | Service plan reflects family priorities.  |  | Ask the family “Does the Individualized Behavioral Program / Plan of Care reflect your family’s priorities?”  |
| 5  | Observation / Family Interview / Documentation Review | 2d<br>3b | Support Planning   | Services are delivered in accordance with the service plan including the type and scope, amount, and frequency specified in the service plan. |  | At the child’s home: observe services being delivered and review Individualized Behavioral Program / Plan of Care and related documentation to ensure services are implemented as designed with regard to type (IIS, Autism Specialist, etc), scope (within identified design) and frequency (how long and how often). <i>Note: SRS staff will not complete the QA follow-up form and send to the provider when this question has a negative response due to lack of provider capacity. E.g there is not a provider to provide the service.</i> |
| 6  | Family Interview                                      | 2d       | Service Delivery   | The family knows who to contact if there are service delivery concerns regarding their child’s services.                                      |  | Ask the family “Do you know whom to contact if you have service delivery concerns about your child’s services?”   |
| 7  | Family Interview                                      | 2a       | Health & Safety    | The child is safe when receiving HCBS waiver services.  |  | Ask the family “Is your child safe when receiving HCBS Autism Waiver services?”   |
| 8  | Family Interview                                      | 2Eb      | Participant Choice | The family was given choice of service providers.   |  | Ask the family “Did you choose the people that provide services to your child and understand you can change people/providers at any time?”  |
| 9  | Family Interview                                      | 2Eb      | Participant Choice | The family chose their Autism Specialist.   |  | Ask the family “Did you choose the autism specialist?” Ensure the family chose from a list of options.  |
| 10 | Family Interview                                      | 2Eb      | Participant Choice | The family is aware of all the available services available through the Autism Waiver   |  | Ask the family “Did the Autism Specialist inform you about all of the services available to your child through the Autism Waiver”? Determine if the family is aware of the various services: Autism Specialist; Intensive Individual Support; Respite; Parent Support; and Family Adjustment  |

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|    |                  |          |   |  |  | Counseling.   |
| 11 | Family Interview | 2a       | Service Delivery                                      | There is an adequate amount of team meetings conducted.                              |  | Ask the family “Are an adequate amount of team meetings conducted?” Determine if there have been times when team meetings were requested/needed but did not occur.  |
| 12 | Family Interview | 2a       | Service Delivery                                      | The Autism Specialist is available for consultation for the family.                  |  | Ask the family “Is the Autism Specialist available for consultation?”   |
| 13 | Family Interview | 4        | Health & Safety                                       | The family knows whom to contact if they suspect abuse, neglect and/or exploitation? |  | Ask the family “Do you know whom to contact if you suspect abuse, neglect and/or exploitation?” The family should be able to describe how to contact SRS child protective services; as well as the employer of the suspected perpetrator.   |
| 14 | Family Interview | 2a<br>2d | Service Delivery<br><br>ADD Question for each service | The family is satisfied with the direct support waiver services.                     |  | Ask the family “Are you satisfied with the persons who work directly (IIS, Respite, etc.) with your child providing HCBS Autism Waiver services?” <i>Note: Ensure the family knows this question is not inclusive of the Autism Specialist as that service is addressed in next question.</i> |
| 15 | Family Interview | 2a<br>2d | Service Delivery                                      | The family is satisfied with the service provided by the Autism specialist.          |  | Ask the family “Are you satisfied with the services provided by the Autism Specialist?”   |
| 16 | Staff Interview  | 2e       | Service Delivery                                      | There is an adequate amount of team meetings conducted.                              |  | Ask the staff “Are an adequate amount of team meetings conducted?” Determine if there have been times when team meetings were requested/needed but did not occur. <i>(If a direct support staff is not present during the visit, the SRS staff will contact them by phone)</i>                |
| 17 | Staff Interview  | 2a<br>2d | Service Delivery                                      | Is the Autism Specialist available for consultation for the direct support staff.    |  | Ask the staff “Is the Autism Specialist available for consultation when necessary?”   |
| 18 | Staff Interview  | 2a<br>4  | Health & Safety                                       | Support staff know whom to contact if he/she suspects abuse,                         |  | Ask the staff “Do you know whom to contact if you suspect abuse, neglect  |

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|    |                      |          |                     | neglect and/or exploitation.  |  | and/or exploitation?” The staff should be able to describe how to contact SRS child protective services; as well as the employer of the suspected perpetrator.  |
| 19 | Documentation Review | 1b       | LOC                 | A Level of Care is completed at least annually  |  | An assessment was finalized and completed within 365 days of the previous one. (Vineland) (Autism Specialist)   |
| 20 | Documentation Review | 1c       | LOC                 | The identified Level of Care (waiver eligibility determination process and instrument) was completed as designed. |  | A Vineland assessment is complete.  |
| 21 | Documentation Review | 2c       | Support Planning    | The service plan was revised at least annually or when warranted by changes in the child’s needs.                 |  | The Individualized Behavioral Program / Plan of Care has been updated/revised and signed within the last 365 days. (Autism Specialist and family home)  |
| 22 | Documentation Review | 2a       | Support Planning    | Provider documentation reflects service plan implementation.  |  | Service provider documentation reflects implementation of goals and strategies identified in the Individualized Behavioral Program / Plan of Care. (Family Home)  |
| 23 | Documentation Review | 2Ea      | Participant Choice  | An HCBS choice form has been signed by the family.  |  | The form is signed by the family member and is a part of the person’s record. <i>Note: This is the form where they choose between HCBS services and institutional services.</i> (Autism Specialist)   |
| 24 | Documentation Review | 1c       | Qualified Providers | Persons conducting the Level of Care evaluation have the appropriate credentials.                                 |  | At a minimum a Masters degree in Psychology, Social Work, with one of the fields of study indicated for the test that included training (through coursework and supervised practical experience) in the administration and interpretation of clinical instruments; or licensure to practice psychology independently, or a member of the National Association of School Psychologists; or user has completed a doctoral degree. |
| 25 | Documentation Review | 3a<br>3b | Qualified Providers | Autism Specialist has required credentials.   |  | Master’s degree, preferably in human services or education or a board certified   |

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|    |                      |          |                     |   | behavior analyst (BCBA) and documentation of 2,000 hours of supervised experience working with a child with autism spectrum disorder (ASD); successfully pass Kansas Bureau of Investigation (KBI), Adult Protective Services (APS), Child Protective Services (CPS), Nurse Aid Registry, and Motor Vehicle screens. * Exception: A BCBA can request that the program manager waive 1,000 hours of the required experience if documentation indicating the hours of supervised experience working with a child with ASD.. |
| 26 | Documentation Review | 3a<br>3b | Qualified Providers | Intensive Individual Support provider has required credentials. | Bachelor's degree, preferably in human services or education, or 60 college credit hours and documentation of 1,000 hours experience working with a child with ASD. Must successfully pass KBI, APS, CPS, Nurse Aid Registry, and Motor Vehicle screens. Must work under the direction of the autism specialist.  |
| 27 | Documentation Review | 3a<br>3b | Qualified Providers | Respite Care provider has required credentials.                 | High school diploma or equivalent; 18 years of age or older; must reside outside of child's home. Respite care may not be provided by a parent of the child. Must successfully pass KBI, APS, CPS, Nurse Aid Registry, and Motor Vehicle screens. Must work under the direction of the autism specialist.   |
| 28 | Documentation Review | 3a<br>3b | Qualified Providers | Parent Support provider has required credentials.               | High school diploma or equivalent; 21 years of age or older; must have three years of direct care experience with a child with ASD or be the parent of a child three years of age or older with ASD. Must successfully pass KBI, APS, CPS, Nurse  |

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|    |                      |    |                     |  |  | Aid Registry, and Motor Vehicle screens. Must work under the direction of the autism specialist.  |
| 29 | Documentation Review | 3a | Qualified Providers | Family Adjustment Counseling provider has required credentials.  |  | Must hold a current license to practice as a licensed mental health professional (LMHP) by the State of Kansas Behavioral Sciences Regulatory Board. Must successfully pass KBI, APS, CPS, Nurse Aid Registry, and Motor Vehicle screens. Must maintain an ongoing collaborative relationship with the autism specialist beginning at the time of referral. |
| 30 | Documentation Review | 1a | Level of Care       | An initial level of care was completed for all applicants for whom there is reasonable indication that services may be needed in the future. |  | Check to ensure an initial Vineland was completed for the child when they were approved for services. (Autism Specialist file)  |
| 31 | Documentation Review | 2b | Support Planning    | The service plan is developed in accordance with the state approved policies and procedure.  |  | The Individualized Behavioral Program / Plan of Care is in compliance with section E-1 of the Autism Waiver Manual. (Autism Specialist and family home)   |
| 32 | Documentation Review | 3c | Qualified Providers | Provider training is conducted in accordance with state requirements.  |  | Autism Waiver provider training has been initiated or is in progress (6 months to complete) or has been completed. Note: Check the list of names provided by the KU's Kansas Center for Autism Research and Training (KCART).   |